

**COUNTY FUNDING REQUEST FACE SHEET
MENTAL HEALTH SERVICES ACT
COMMUNITY PROGRAM PLANNING**

Date Submitted: March 15, 2005

Name of County: Yolo

County Contact Person (include title, address, telephone and fax numbers and e-mail address):

Joan Beesley, MHSA Program Coordinator
Joan.Beesley@yolocounty.org

Yolo Co. Dept. of Alcohol, Drug and Mental Health Services
170 W. Beamer Street, Suite 400
Woodland, CA 95695
(530) 666-8630, Ext. 9183
(530) 681-1521
FAX: (530) 666-8523

Funding Requested: \$124,176.00

**Signature of County
Mental Health Director
(Required):**

Tom Pinizzotto, Director

Submit Funding Request no later than March 15, 2005 to:

Ms. Charlene Kessler
County Operations Section
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Tel: 916-654-5691
Fax: 916- 654-5591
Charlene.Kessler@dmh.ca.gov

**Yolo County
Funding Requests for the Mental Health Services Act (MHSA)
Community Program Planning
Plan to Plan
March 15, 2005**

As a partner with the California Department of Mental Health (DMH), Yolo County Department of Alcohol, Drug, and Mental Health Services dedicates its resources and energies to work with stakeholders to create a highly developed, culturally competent system that promotes recovery and wellness for individuals in our community who are affected by mental illness and serious emotional disturbances.

Yolo County pledges to look beyond “business as usual” to help build a system where access is easier, services are more effective and culturally competent, and out-of-home and institutional care are reduced. Yolo County envisions a system that is driven by consumer and family input and where stigma toward mental illness and serious emotional disturbances no longer exists.

Yolo County MHSA Goals

1. Increase consumer and family participation in all aspects of the public mental health system, including planning, policy development, program development, service delivery, treatment options, and evaluation.
2. Improve client access to services through the evaluation and enhancement of existing services, new program development, and community outreach.
3. Utilize approaches to treatment that are more sensitive and responsive to the diverse needs of clients and their families, and which focus on wellness and recovery.
4. Foster interagency and community partnerships to enhance the comprehensive quality of care for clients and their families, and strengthen the community overall.
5. Ensure that services for children, youth, and their families are designed to help clients remain healthy, at home, in school, and out of trouble.
6. Develop programs to address the unique issues of transition age youth, including education, housing, and employment and training.
7. Improve services for adults by enhancing interagency collaboration, including physical health care, housing, employment, education, law enforcement, and criminal justice systems.

8. Implement specific strategies to provide older adults with better access, comprehensive assessments, integrated physical and mental health services, and increased support systems.
9. Enhance services to reflect the needs of diverse populations, being sensitive and responsive to culture, race, ethnicity, age, gender, sexual orientation, and religious/spiritual beliefs.
10. Improve mental health services through a quality management system, utilizing outcomes, best practices, and data to continuously manage and enhance services.

Plan to Plan Activities Description

1. Community Program Planning must include consumers and family members.

Yolo County Department of Alcohol, Drug and Mental Health Services is dedicated to involving consumers and family members at all stages of community planning and implementation of the Mental Health Services Act. Yolo County has a strong history of community involvement and mental health activism, and since 1998, the county has employed consumers and family members to assist in the delivery of mental health services. Our children's services unit has had an active Family Partnership Program employing family members in part- and full-time positions; our adult services unit employs two consumers as permanent 0.5 FTE Mental Health Specialists. One consumer and one family member serve on our department's Management Team.

Our department is no stranger to the stakeholder process. From June 2002 to January 2004, Yolo County sought to cope with a comparatively dramatic funding shortfall (\$3 Million) by forming a Program Restructuring Committee to review our mental health services delivery system (primarily for adult consumers) and develop a more efficient and effective program plan. This Program Restructuring Committee was comprised of department staff, contract providers, county administrators and consultants, as well as consumers, family members, members of our Local Mental Health Board, and members of NAMI of Yolo County. The committee examined our mental health services delivery system, identified areas of concern, and recommended several radical changes in an attempt to transform our system.

The changes brought about by the Program Restructuring Committee are still being implemented; extreme changes take time. Insofar as we at Yolo County Department of Alcohol, Drug and Mental Health Services (hereinafter referred to as "Our Department") have had extensive experience with both the stakeholder process and system change, we recognize that the Program Restructuring Committee process is no substitute for the MHSA stakeholder process. Indeed, we must do more to reach out to underserved populations; we must more effectively address the needs of consumers of all ages; we must work harder to involve consumers and family members in our decision-making process than ever before; and we must broaden our vision of a transformed mental health system that promotes the wellness and recovery of all clients, including those who have not yet been identified.

Yolo County is committed to the meaningful inclusion of consumers and family members as full partners throughout the MHSA planning and program evaluation process. In fact, to the extent planning has commenced, Our Department has already begun to involve consumers, family members, and consumer employees in their "Planning to Plan" process, and to offer them training centered on MHSA implementation issues. Furthermore, our Director, Tom Pinizzotto, has appointed a family member employee, Joan Beesley, as the MHSA Coordinator for Yolo County.

Other part-time consumer and family member Mental Health Specialists will be hired to assist in the planning and implementation process as funding permits.

A group facilitation model will be used to elicit stakeholder feedback throughout the planning process. This facilitation model will be briefly described here to help the reader understand how Yolo County will involve stakeholders in the Plan-to-Plan process.

Planning Process:

At each stakeholder meeting, a brief overview of the MHSA will be provided, along with an explanation of the requirements of the funding parameters (e.g., underserved populations, evidence-based programs, non-Medi-Cal services). Following the overview, participants will be asked to brainstorm ideas for developing and expanding mental health services in Yolo County. The groups will be prompted to generate suggestions for prevention and early intervention services; services for children, transition-age youth, adults and older adults; innovative programs; education and training; and, capital and technological improvements.

Each suggestion will be written on easel paper so everyone can see the ideas and suggestions. At the end of each meeting, each participant will be asked to identify the five most important priorities for funding by placing a colored 'dot' by the written suggestion. The group will then review the voting results, identifying the ideas with the highest priority from the group.

In addition, participants will be asked to complete a brief survey questionnaire (available in English, Spanish, and possibly other prevalent local languages), which will be distributed at the beginning of each information session. Following a discussion of the MHSA, participants will be asked to complete the survey and to identify the highest priority items on the questionnaire. These brief questionnaires will also be distributed to a wide range of groups to obtain input from a broad constituency. Surveys will also be made available to all consumers of Yolo County Alcohol, Drug and Mental Health Services programs through office staff and/or caseworkers, and through mailings by local partner agencies and groups. Staff will assist any consumer with completing the survey, if needed.

The results of all stakeholder groups will be summarized for monthly updates to the Local Mental Health Board and for our Community Planning Council, which will provide oversight of the planning activities and assist Our Department in identifying the programs to pursue for the MHSA Implementation Plan.

A description of our planning activities to assure stakeholder input and involvement follows:

a) A description of the outreach and other activities by which the county will insure comprehensive participation from diverse consumers and families.

We have planned a number of outreach and other activities to assure that we obtain input from a broad constituency and diverse population. As a starting point, we have involved the Yolo County Local Mental Health Board in our planning. At the January and February meetings, we discussed the MHSA and initial plans for involving stakeholders. In February, we began scheduling small presentations for any interested stakeholder groups. In March, we will hold three large-scale public forum/stakeholder meetings in our three main population centers: Woodland, Davis and West Sacramento, as well as a meeting directed at our mental health provider agencies.

To improve attendance, these mental health stakeholder meetings will be advertised in local newspapers. In addition, we will post informational flyers at all county and provider-run mental health treatment centers. We have collected an ever-expanding list of e-mail addresses from interested parties, and we will use e-mail to update stakeholders and notify them of all public meetings.

Informational flyers will be translated into Spanish, and Spanish language translation services will be available at the large public forums. These forums will also be advertised on Spanish-language public television (Univision).

For nearly 30 years, Yolo County has had an active NAMI chapter in its community. We have enlisted the help of NAMI-Yolo to post updated information on MHSA activities on their website, www.namiyolo.org. In addition, NAMI-Yolo will assist our MHSA implementation efforts by including our flyers in their mass-mailings, by advertising MHSA activities via their automated phone tree, and by encouraging the attendance at and participation of our residents in MHSA presentations.

Our intention is to include all interested individual and provider stakeholders in our public meeting process. Further, from these and other smaller group meetings, we hope to enlist the interest and participation of stakeholders in our MHSA Community Planning Council, which will include consumers and family members from mental health, as well as representation from Our Department, our Local Mental Health Board, Department of Employment and Social Services, Child Welfare Services, local law enforcement agencies, court personnel, and interested community members.

By virtue of their participation in public forums and in smaller group meetings, we are hoping to give staff from Our Department and members of our Community

Planning Council an opportunity to learn how to facilitate these stakeholder meetings, so they in turn can meet with their consumers and other members of our community to gather ideas from a diverse group of consumers and family members. Our intention is to have our staff meet with various youth groups, including youth placed in juvenile hall, foster care and group home youth and caregivers, and families from Head Start. Also, bi-lingual, bi-cultural staff from Our Department will meet with different groups within the Latino and Russian communities to obtain input from our underserved and unserved populations. Staff will hold community meetings at the Family Resource Centers, local churches, and other community settings to obtain a variety of stakeholder input. They will also meet with clients and staff of the AB 2034 Homeless program, to obtain input on the needs of this group of individuals.

Focus groups will be held at times and in places accessible to consumers and family members. Stipends for consumers and family members will be available for participation in the planning process. As needed, transportation will be available and childcare costs will be reimbursed, so as to enable participation in Community Planning Council and related sub-committee meetings.

b) An explanation of the ways in which Community Program Planning will reach out to individual consumers and families who may not belong to organized advocacy groups.

Much of our outreach efforts to consumers and families will be focused on individuals in the community; our outreach will not be limited to organized advocacy groups. Rather, we intend to enlist the help of the local agencies and groups to reach underserved populations in our community.

Many years ago, those community members who founded our NAMI-Yolo organization helped start two not-for-profit provider agencies, Yolo Community Care Continuum (YCCC) and Pine Tree Gardens. Both of these agencies have served consumers in our county for over two decades. All three agencies have agreed to assist us in contacting consumers from our community who do not necessarily belong to an advocacy group. NAMI-Yolo has also agreed to devote space on its website for postings concerning our progress on MHSA implementation.

Further, most of our local provider agencies will make available in their waiting rooms the flyers and postings relating to MHSA outreach activities. Flyers will be distributed to local health clinics, to waiting rooms at the Department of Social Services, and to Child Protective Services. Those provider agencies with access to geographically remote populations and specific groups bound by cultural ties have agreed to share information and will assist with contact. Also, presentations to the public will be scheduled in our more remote communities.

In addition to these intensive outreach efforts, our department staff will distribute and make available to all interested stakeholders a brief survey instrument to allow them to record their ideas relating to the Mental Health Services Act. Surveys will be placed in key locations and waiting rooms to obtain input from individuals receiving services with other county and community agencies, such as Department of Employment and Social Services, Public Health Services, Public Guardian's Office, Yolo Family Resource Center, Yolo County First Five, and Yolo Community Care Continuum, and local senior centers. The results of these surveys will be compiled and made available to department staff and individuals participating in the Community Planning Council. Results will also be distributed via e-mail, direct mailings, postings at mental health centers and posting on the local NAMI website, www.namiyolo.org. The surveys are available in both English and Spanish (and may be made available in other languages, as dictated by need and opportunity to translate both surveys and results).

- c) An explanation of the ways in which Community Program Planning will reach out to consumers and families who may have been previously underserved or unserved whether by reason of race/ethnicity, language differences, cultural competence, geographic location or other factors.***

As noted above, staff from Our Department will be obtaining input into the planning process using many different forums. At the large public forums, Carmela Luna will facilitate simultaneous Spanish language translation. The bi-lingual and bi-cultural Latino staff will be reaching out to the Latino community to hold focus groups and interview persons who are knowledgeable of the needs of the Latino community. Outreach will be done via the Yolo Family Resource Center and Yolo First Five, two agencies that serve primarily Latino clients. The staff will encourage participation and input from the Latino community into the planning process.

Our MHSA implementation efforts will include making presentations in smaller venues and geographically remote communities within our county, such as Esparto, Winters, Dunnigan, Knights Landing and Clarksburg.

Other underserved populations include older adults. We will hold focus groups at local senior centers to provide a forum for obtaining input from older adults. In addition, staff will visit the local community centers where seniors receive meals to obtain the input of seniors who are living independently. Specialized large-print surveys will be prepared for completion by our senior citizens. Our staff serving older adults will assist in identifying underserved ethnic groups among seniors in our community. Our Coordinator for Older Adult Services will participate in our Community Planning Council.

We will also obtain input from local organizations. For example, we plan to make presentations to local groups such as the League of Women Voters, the Homeless Coalition, and local faith groups.

Written comments and e-mail will be accepted. We also plan to conduct phone surveys to assure the input of key informants and other members of the community.

- d) An explanation of the anticipated methods to be used to obtain consumer and family involvement. These may include but are not limited to: surveys, focus groups, interviews, conference calls, client advisory committees, consumer and family group meetings, public meetings, public hearings, town hall meetings, video conferences, media announcements and other methods.***

In addition to the process described above, our planning process will include a wide range of methods to obtain input from consumers and family members. We will use surveys, focus groups, public meetings, family group meetings, youth group meetings, and interviews. The Patient's Rights Advocate, along with the MHSA Program Coordinator, will meet with various consumer groups and family members to give a voice to the adult consumers in Yolo County.

Students from special educational programs for youth with mental health issues, as well as youth in Juvenile Hall, will be presented to and surveyed in person. Written surveys will be offered to their parents and caregivers. This will help to expand our ability to have input from a wide range of family members, and youth in the programs. These surveys will also be distributed to community agencies, senior centers, the Family Resource Center, and health clinics. The surveys will be available in both English and Spanish.

In addition, we anticipate hiring two to four consumers and family members as part-time workers, to assist in outreach, data collection, and program planning. These consumers and family members will be hired as extra help employees during the planning period (e.g., through June 30, 2005); we are hopeful to offer more secure employment opportunities to these and other consumer and family members in subsequent program periods.

- e) For counties that do not yet have established consumer and family groups participating in county mental health program policy and planning, describe a process by which this resource will be initiated and sustained.***

We are pleased to note that many stakeholders in our community have already expressed interest in participating in program planning for MHSA implementation. Those stakeholders expressing a strong interest include several members of our Local Mental Health Board. From among all interested stakeholders, we will assemble a MHSA Community Planning Council, which will meet frequently and regularly during the planning period to assist in identifying underserved citizens and priority mental health and related programs for our county's three-year program plan. It is our intention to keep all meetings open to the public. All stakeholders who express interest in the MHSA Community Planning Council and

who are willing to make a firm commitment to our planning process will be encouraged to participate. We are hopeful that the Community Planning Council will remain active year-round and assist in future planning efforts in Yolo County.

- f) A description of any financial or additional supports (such as stipends, childcare, supplemental meals, housing, transportation assistance) the county will supply to assure consumer and family involvement in the planning process. Clearly indicate the anticipated kinds and costs of various forms of assistance that will be provided, if applicable.*

We will pay consumers and family members a stipend of \$10 per hour to assist us in planning and implementation activities. Stipends will be paid in the form of purchase cards (good at local businesses such as Wal-Mart, Target, Raley's, etc.) in \$10 increments. Round-trip transportation will be offered to assist clients and family members who might not otherwise be able to attend meetings. Parents who incur childcare expenses while assisting Yolo County in its MHSA planning process will be offered reimbursement. Water, coffee, tea and snacks may be provided to the groups when feasible, depending upon the time and location of the meetings.

2. Community Program Planning must be comprehensive and representative.

Community Program Planning must include active participation by stakeholders in the county if it is to be effective and inclusive. With that requirement in mind, counties must provide the following:

- a) Besides consumers and families, WIC 5848(a) requires participation in local plan development by the following stakeholders: providers of services, law enforcement agencies, education, and social services agencies. Provide a description of ways in which these stakeholders will be involved in Community Program Planning. Counties should also consider outreach to representatives of the following:*

Child welfare	Mental health providers
Education	Special education
Community health clinics	Primary care providers
Alcohol and drug	Probation
Law enforcement	Mental Health Bds/Commissions
Judges and public defenders	Housing
Veterans	Employment
Labor	Criminal justice
Developmental disabilities	Ethnic-specific service providers
First Five Commission	Schools
Acute care	Health and public health
Work Force Investment Boards	Senior services providers
Veterans groups	Peer mental health providers

Foster care agencies

Homeless service providers

We plan to involve as many organizations as possible in the planning process during the next few months. Efforts to involve representatives from each of the agencies will be described below.

Child Welfare: The mental health program is co-located with the child welfare services agencies in one of our communities. This creates an excellent opportunity to coordinate services and have access to staff. A mental health representative will meet with Child Welfare staff during a regularly scheduled meeting to obtain input into the planning process. Staff have been interviewed, and at least two staff of Child Welfare/Child Protective Services have committed to participating in the Community Planning Council.

Mental Health Providers: Many of our mental health providers attended one or more of the meetings scheduled in February and March. We will invite our contract providers to a special forum to obtain their input into the planning process, and we will encourage them to attend any of the public forums. We will offer to provide presentations on the planning process to any provider group or meeting.

Education: The Yolo County Office of Education and the SELPA Director will be interviewed, as well as individuals from our five local school districts (in Woodland, Davis, West Sacramento, Esparto and Winters). We will work together to obtain input from teachers, the PTA, Special Education, and Workability programs. We will also arrange interviews with individuals from the local/regional community. Individuals from Head Start and other preschool programs will also be interviewed to obtain input on the needs for prevention and early intervention programs in this community.

Community Health Clinics and Primary Care Providers: Representatives from the Community Health Clinic will be interviewed as well as local physicians and pediatricians. The Public Health nurses will assist in this process. We also plan to place Stakeholder surveys in the waiting rooms of local Health Clinics. This will help us obtain input from general community members visiting these offices for routine health care.

Alcohol and Drug: Alcohol and drug services are a component of the Department of Alcohol, Drug and Mental Health Services in Yolo County. Staff from this service area, as well as from our providers who offer alcohol and drug services, will assist in obtaining input from other community groups and consumers during the planning phase of this project.

Probation: A representative of the Probation Department will participate in the Community Planning Council. Probation staff will be invited to planning meetings and/or interviewed to obtain their input regarding new and/or innovative

programs to serve probation clients and their families. We also plan to conduct focus groups with youth and families involved with Juvenile Hall services.

Courts: Representatives of the Yolo County Superior Court will participate in the Community Planning Council. Issues relating to incarceration of individuals with mental illness will be addressed; innovative alternative programs favoring participation in treatment will be examined.

***Please Note:** This suggested list is not meant to be universally applicable nor exhaustive. DMH anticipates that each county will have representatives of not only the critical stakeholders identified by the MHSA but also organizations and groups of stakeholders that may be unique to their community.*

- b) A description of the ways in which Community Program Planning will insure stakeholder diversity that reflects the demographics of the county, including geographic location, age, gender, and race/ethnicity.***

In developing the planning process for obtaining stakeholder diversity, we have identified a wide range of groups that will help us to ensure obtaining input from the unserved and underserved populations in Yolo County. To help us to evaluate our progress in obtaining input that meets the demographics of the county, we are using a Stakeholder Sign-In sheet at each meeting and interview. The Sign-In Sheet collects information on the person's age, race/ethnicity, and gender, whether they self-identify as a consumer, agency representation. In addition, we are collecting and evaluating data on the number and types of groups being held. An analysis of the diversity of individuals involved in the planning process will be conducted prior to the end of the stakeholder planning process. If there are indications that a certain group of individuals has not had input into the planning process, additional focus groups and interviews will be conducted.

- 3. There must be clear designation of responsibility within the county for Community Program Planning and the planning process must be adequately staffed to be successful and inclusive.**

Counties must provide answers to the following:

- a) Who in the county mental health department will have the overall responsibility for the planning process and what percentage of time of the person(s) will be so committed?***

Joan Beesley, ADMH Program Coordinator, will have overall responsibility for the MHSA planning and implementation process, to which 100% of her time will be committed. In addition, Tom Pinizzotto, Director, and Irma Rodriguez, Deputy Chief of Programs, will be involved in providing oversight to the planning process.

b) Who will handle the organizational work of the planning process and what percentage of time of the person(s) will be so committed?

Joan Beesley will be available full time (100%) to help organize groups and facilitate the planning process. In addition, Nancy M. Callahan, Ph.D., IDEA Consulting has been hired as our consultant for assisting with the planning and implementation of the MHSA.

c) Who will be responsible for ensuring participation of stakeholders from underserved or unserved populations of consumers and families and what percentage of time of the person(s) will be so committed?

Joan Beesley will hold primary responsibility for ensuring participation of stakeholders from underserved and unserved populations of consumers and family members. In addition, Ms. Beesley will be assisted in MHSA stakeholder outreach efforts by two to four part-time consumer and/or family member employees (working a total of up to 60 hours per week); these consumers/family members will devote the majority of their time spent on outreach to making contact with, engaging, and interviewing consumers and family members. Their priority audience will be to contact underserved populations and consumers in remote areas. .

d) Who will be responsible for ensuring participation of stakeholders who are ethnically diverse and what percentage of time of the person(s) will be so committed?

Joan Beesley will hold primary responsibility for ensuring participation of ethnically diverse populations. Carmela Luna will provide Spanish translation services at all stakeholder meetings and serve as a bridge to the Latino community. Staff from Yolo Family Resource Center and Yolo First Five are available to help us improve outreach to the Latino community. Where language is a barrier, such as with the Russian and Afghani populations, every effort will be made to enlist the assistance of members of that cultural community to translate information and materials relating to MHSA implementation, to assist with stakeholder meetings, and to translate any survey responses received. Those citizens who help us reach out to their ethnic communities will be appropriately compensated for their time.

e) If consultants will be used for any of the above functions, explain how their activities, work products and planning will be integrated into the existing county mental health department structure.

Nancy Callahan, Ph.D., IDEA Consulting has been hired to assist with the planning and training process. She is assisting us in developing the planning model, providing training to staff on facilitation skills, developing and helping to write the Plan to Plan, as well as the Three-Year Implementation Plan. Dr.

Callahan will also help to deliver training to mental health managers and supervisors, line staff, consumers and family members, and other agency personnel who have direct contact with mental health clients. She will also provide training to the members of the MHSA Community Planning Council.

Dr. Callahan and her staff will also assist the county in documenting and analyzing the feedback from the stakeholder groups and providing information to the Community Planning Council to assist in identifying the programs for implementation.

f) A list of the county, consultant and other staff¹ expected to participate in Community Program Planning by function and percentage of time committed to the planning process.

Joan Beesley, ADMH Program Coordinator	100%
Tom Pinizzotto, Director	20%
Irma Rodriguez, Interim Deputy Chief of Programs	10%
Romi Selfaison, Deputy Chief of Fiscal	10%
Samantha Fusselman, Lead Clinician, Adult Services	20%
Anne Ofsink, Cultural Competency Coordinator	10%
Theresa Smith, Case Management Supervisor	10%
Patricia Osuna, Case Management Supervisor	10%
Barbara Grigg, Head Nurse, Older Adult Services	10%
Tami Brugman, Clinician, Transition Age Youth Services	10%
Daniel Lee, Consumer-Management Liaison (Consumer)	25%
Don Cowan, ADMHS Specialist (Consumer)	25%
Carmela Luna, Interpreter, ADMHS Staff (overtime only)	10%
PT Extra Help ADMHS Consumer/Family Member Hires, (2-4)	100%
Dr. Nancy Callahan, Consultant	10%
Allan Lammers, Consultant/Forensic	5%

4. Full participation in Community Program Planning requires training of stakeholders and staff in advance.

Counties must provide the following:

a) A description of the types and amounts of training the county will provide, using Community Program Planning funds, to address the information needs of at least the categories of stakeholders listed below:

- Consumer and family training
- Mental health management and supervisor training
- Mental health line staff training

¹ These designated staff must have:

- I. Knowledge of integrated community systems and supports necessary across the age span;
- II. Knowledge of mental health disparity issues and cultural competence; and
- III. Knowledge of the values of consumer and family involvement in program planning.

- Mental health contractor training
- Training for other agency personnel who have direct contact with mental health clients, such as teachers, child welfare workers or probation officers. This should include training for line staff as well as managers and supervisors.
- Mental Health Boards and Commissions member training
- Training for other stakeholder groups as needed.

Four adult consumers (two employees; two volunteers) attended the 2005 Client Forum presented by the California Network of Mental Health Clients, which forum focused on training and activities relating to the implementation of the Mental Health Services Act. These four consumers committed to participating in the implementation process. Individual consumers among these four have also participated in other training events, such as the CMHDA Conference in San Diego (February 9-11) and briefings and conference calls sponsored by California Department of Mental Health and California Institute for Mental Health. Participation in future such conferences/trainings is anticipated.

MHSA Coordinator, Joan Beesley, and Director of the Department of Alcohol, Drug and Mental Health Services, Tom Pinizzotto, also participated in the CMHDA/CIMH California Mental Health Policy Forum, the CIMH Introduction to the Planning Requirements for the Mental Health Services Act, and in various meetings, video conferences, phone conferences, and trainings offered by California Department of Mental Health, California Institute for Mental Health, and the California Department of Mental Health. Similarly, Mr. Pinizzotto and Ms. Beesley will participate in most or all trainings and conferences offered during the implementation period.

During initial stakeholder meetings, there was also a discussion of the need to improve awareness and application of principals of cultural competence, to improve understanding of the concepts of wellness and recovery, and to increase familiarity with consumer-run businesses among staff, agency and provider partners, and all stakeholders interested in participating in the Community Planning Council. Training of the Community Planning Council and Local Mental Health Board participants will be of critical importance; initial training will be offered before commencement of regular meetings of the Community Planning Council.

We also plan to develop and deliver training on recovery and resiliency for our mental health staff and providers. We have obtained some excellent materials on the stages of recovery. These materials provide information on identifying the individual's level of risk, level of engagement, and level of skills and supports.

With the assistance of our Quality Improvement and Cultural Competency Staff, we will develop and deliver training on cultural competency issues as these issues relate to identification of underserved and/or ethnic populations in

implementation of the MHSA. This training will specifically address staff awareness of remote and underserved consumers, including underserved age groups.

Consumer, Family Member and other staff employees will also be trained on how to facilitate MHSA stakeholder meetings. Some staff have already had the opportunity to observe the facilitation skills of our consultant and our coordinator. They were also able to observe how to identify ideas, ask for priorities from the audience, and summarize the results. Facilitation packets are being assembled for staff who will conduct stakeholder groups. The facilitation packet includes an outline of the materials to present, the core facilitation questions to ask the stakeholders, colored markers for writing down ideas, and colored 'dots' for group members to use to prioritize the ideas. A follow-up training will be held to answer questions and provide additional assistance in facilitating a group process.

b) A description of the content of proposed/anticipated trainings. Content should include but is not limited to:

- Background on the public mental health system, systems of care and the MHSA
- Concepts of recovery and resiliency
- Cultural competence
- The county's underserved and unserved communities, including reduction/elimination of racial and ethnic disparities.
- County-specific information that describes population and utilization data by age, gender and race/ethnicity; and current staffing/provider data.
- How to hold a successful and interactive public hearing
- How to make systems changes
- Background on consumer and family operated services

Background on the public mental health system, systems of care, and the MHSA:

The initial public forums provided the opportunity to begin the training process with our mental health staff as well as consumers, family members, and other agency staff. These meetings provided information on the public mental health system, systems of care, and the MHSA.

Cultural Competence and Underserved and Unserved Communities:

Discussions held at the initial stakeholder meetings underscored the need to improve cultural competence of staff from all agencies, improve access for underserved populations, and deliver culturally sensitive services. The concept of risk and resiliency was briefly discussed; the need for further training is evident. We plan to develop and deliver additional trainings on cultural competence and ways to identify and understand the county's underserved and unserved communities. These trainings will include methods for reducing and eliminating racial and ethnic disparities.

Concepts of Recovery and Resiliency: We are in the process of developing training on recovery and resiliency for our mental health staff and providers. We have obtained some excellent materials on the stages of recovery. These materials provide information on identifying the individual's level of risk, level of engagement, and level of skills and supports.

County-specific Information that describes Population and Utilization Data by Age, Gender, and Race/Ethnicity and Current Staff Data: We frequently examine county specific data on utilization of mental health services by age, gender, and race/ethnicity. Annually, we review data on staffing and providers by race/ethnicity and language to determine the availability of bi-lingual and bi-cultural staff to meet our population needs.

Holding a Successful and Interactive Public Hearing: Initial stakeholder meetings provided staff an opportunity to begin learning how to facilitate stakeholder meetings. The staff had the opportunity to observe the facilitation skills of our consultant. They were also able to observe how to, identify ideas, ask for priorities from the audience, and summarize the results.

We are producing packets of information for all staff that will be facilitating groups and hold training on how to use the materials. The facilitation packet includes an outline of the materials to present, the core facilitation questions to ask the stakeholders, colored markers for writing down ideas, and colored 'dots' for group members to use to prioritize the ideas. A follow-up training will be held to answer questions and provide additional assistance in facilitating a group process.

How to make System Changes: Training on systems change and organizational theory will also be provided to staff and allied partners. Change is a difficult process for staff, consumers, and family members. Understanding the methods for minimizing chaos and preparing for change are some of the skills which will be address in this training.

Background on Consumer- and Family-operated Services: Training on developing and implementing consumer and family operated services will be a high priority in the next year. We will identify successful consumer run organizations in the state and elicit training and assistance as we develop this important component of our mental health system.

Additional Training: Additional training will be available on a variety of topics including (but not limited to) evidence based practices, transforming systems and implementing systems change, consumer involvement throughout the system, service to promote recovery, and encouraging functional family involvement.

5. Community Program Planning Budget Worksheet

Counties must submit a detailed budget with the Funding Request using Attachment C. These MHSA funds are to be used for expenditures for Community Program Planning and promotion of system change consistent with the MHSA.

**Fiscal Year 2004-05 Mental Health Services Act
Proposed Program Planning Budget Worksheet**

Date: 08/16/05

County: Yolo	County Mental Health Department	Community Mental Health Contract Provider	Total
1. Salaries and Benefits			
a. Salaries, Wages and Overtime	\$27,741		\$27,741
b. Bi-Lingual Pay Supplement	\$80		\$80
c. Employee Benefits	\$9,219		\$9,219
d. Total	\$37,040	\$0	\$37,040
2. Consumer and Family Member Support			
a. Stipends, Wages and Contracts	\$30,575		\$30,575
b. Translator Services	\$2,000		\$2,000
c. Travel and Transportation (including meals, housing, mileage, etc.)	\$10,000		\$10,000
d. Childcare	\$1,000		\$1,000
e. Other: Trainings for Community Planning Council Participants	\$5,000		\$5,000
f. Total	\$48,575	\$0	\$48,575
3. Other Operating Expenditures			
a. Professional Services	\$12,000		\$12,000
b. Travel and Transportation	\$5,000		\$5,000
c. Supplies (Postage, Copying, Office Supplies, etc.)	\$6,700		\$6,700
d. Rent, Utilities and Equipment	\$2,000		\$2,000
e. Other: Refreshments for Public Meetings	\$3,000		\$3,000
f. Total	\$28,700	\$0	\$28,700
4. Inter/Intra-Governmental Transfers			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
5. Administration			
a. County Overhead	\$9,861		\$9,861
b. Contract Overhead		\$0	\$0
c. Total	\$9,861	\$0	\$9,861
6. Total-Proposed Community Program Planning Budget	\$124,176	\$0	\$124,176